

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000001710

**Entity Name:** NATIONWIDE PAYMENT SYSTEMS INC.

**Current Principal Place of Business:**

1500 W. CYPRESS CREEK RD  
SUITE 503  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

1500 W. CYPRESS CREEK RD  
SUITE 503  
FORT LAUDERDALE, FL 33309 US

**FEI Number:** 65-1067143

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALEXANDER, BRUCE  
1500 W CYPRESS CREEK ROAD  
SUITE 503  
FORT LAUDERDALE, FL 33309 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name BURNEY, DAVID  
Address 1500 W. CYPRESS CREEK RD, SUITE  
503  
City-State-Zip: FORT LAUDERDALE FL 33309

Title VPD  
Name KOPELMAN, ALLEN  
Address 1500 W. CYPRESS CREEK RD, SUITE  
503  
City-State-Zip: FORT LAUDERDALE FL 33309

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALLEN KOPELMAN

VP

01/09/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date